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ABSTRACT

This dialogue between a psychiatrist and a psychologist on the subject of folk healers versus classical mental health therapists attempts to shorten the gap between the two specialties. To accomplish this, steps were taken at a mental health center to: (1) identify mediums in their program; (2) visit spiritual centers and observe their "modus operandi"; (3) exchange views with mediums; (4) accept referrals from and refer cases to spiritual centers; and (5) carry out research and produce a film to be used for training non-Hispanic staff. These steps were taken in recognition of the fact that the unique aspects of a culture must be identified and dealt with in any mental health program. Conclusions reached in this dialogue included calling attention to psychiatry's neglect of sociocultural problems among Hispanic groups, and pointing out differences in cultural and technical orientation between classically trained mental health workers and folk healers (spiritualists). There was a need established for the implementation of training curricula for classically trained professionals who work with Hispanic patients. (Author/PC)

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PSYCHIATRISTS AND FOLK HEALERS: A SCIENTIFIC DIALOGUE

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In the field of psychiatry, during recent years, considerable emphasis has been placed on social action. One consequence of this is the attention paid in the medical literature to poverty stricken areas of the nation and therefore to minority groups. Resulting from this, important changes in program structure, such as decentralization, and planning of services are being considered. Experiments with innovative ideas are being conducted, particularly into the utilization of "non-professional" personnel. This emphasis has brought about better and more effective service delivery. Unfortunately other aspects related to mental illness, which should be receiving greater attention, have been relegated to a secondary level.

One of these aspects relates to the cultural background of mental patients. We believe that differences in cultural background is one of the most important problems confronted by contemporary mental health practitioners. The development of industrialization, especially in trasportation and communications, has contributed to rapid migrations and movements of certain ethnic groups and persons of lower socio-economic levels toward zones of greater economic progress. An important consequence of this migration is the diffusion of cultural characteristics as a group moves from one area to another. This type of socio-cultural migration has outpaced the accommodations which must be made in mental health programs dealing with these populations. As a result of this phenomenon it is easy to find severe cultural shock in those metropolitan

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areas which are the most economically developed. Mental health programs have not kept pace with or adapted to these needs.

Our study will call attention to the type of mental health needs produced by this social upheaval and will deal primarily with some cultural problems faced by the Hispanic ethnic group. We believe that this group deserves special attention because it consists of close to 15 million persons in the United States. The authors have worked in an area for close to six years in which 60% of the population consists of first and second generation Hispanics, primarily Puerto Ricans. This ethnic group has certain cultural characteristics which are generally forgotten by or are unknown to mental health specialists who have received classical training. We are referring primarily to the religious beliefs of these groups. Generally speaking, the Hispanic citizen is Roman Catholic, and this fact is accepted without question by therapists who are not fully familiar with the Spanish culture. The experience of the authors indicates that Catholicism is only one aspect of religious belief. The majority of the Hispanic population, although professing the Catholic religion, also makes use of other religious resources such as spiritualism, witchcraft and black magic.

This fact, we believe, is extremely relevant to the field of mental health. We assume that the relationship between religion and psychiatry is obvious to most mental health specialists. Since we view religion as a cultural manifestation, we share Kiev's view that: "Culture determines the specific ways in which individuals perceive and conceive of the environment

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and strongly influences the forms of conflict, behavior and psychopathology that occur in members of the culture. Social and cultural phenomena influence disorders which in turn have a significant effect on the social system"(1). The above concept makes it easier to understand the importance of cultural factors in relation to psychopathology, principally among ethnic minorities which are subjected to migratory processes involving cross-cultural confrontations. In our six years of experience in the South Bronx we have had the opportunity of observing therapists of Anglo-American origin or trained in the United States diagnosing numerous clients as being schizophrenic solely on the basis of their belief in generally non-accepted supernatural phenomenology. This diagnosis often results in state hospitalizations. In addition to the consequences of hospitalization, the patient will have to face for the rest of his life the stigma of having been diagnosed as psychotic.

Psychiatrists tend to reject the possibility of belonging to two religions at the same time, mainly because of their concepts of "ambivalence" and "confusion." Spiritualists and brujeros* do accept this, however, thus offering greater understanding to their clients. Supernatural beliefs such as voodoo and spiritualism are considered by western therapists generally as being part of a psychotic process rather than part of the Hispanic's cultural background. Also based on our experience, we have observed that those patients who do not trust their American therapists and who limit themselves to informing them superficially about their Catholic belief are

* "Brujero" is synonomous with "folk healer" in certain Hispanic subcultures.

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more likely to be considered subjects for out-patient treatment, even though the basis for their distrust may be due to paranoid processes of great severity.

Folk healers communicate in the same terminology that their clients use; psychiatrists do not, thus jeopardizing identification and development of a therapeutic alliance. By the same token, folk healers accept non-verbal communication, a common means of communicating among Hispanic migrants while psychiatrists tend to place greater value on verbal expressions, thus causing serious identification problems, as well as limiting the therapeutic approaches used. For instance these patients are not considered suitable for analysis but rather for somatic therapies such as electroshock or chemotherapy. Communication problems also place serious difficulties in developing empathy toward the patients. Along these lines, psychiatrists try to cure phenomena believed to be supernatural by natural means and approaches, while folk healers use methods more closely related to the patient's perception of causative factors, thus winning greater acceptance from their clients. Also, psychiatrists, being bound to their own culture, must practice with fear and suspicion toward what they consider to be "unethical" and "unscientific". Folk healers do not have this kind of constraint, and relate to their clients in their own natural milieu. They see clients in their own homes, listen to so-called "unscientific" material, and permit some forms of acting out. All this provides the folk healer with a better understanding of the clients' problems, thus offering them a better opportunity in arriving at a correct "diagnosis" and "treatment

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strategy." In addition, folk healers often understand their clients' frustrations better than psychiatrists do because the folk healers live in the same neighborhood and know it well. They share the day-to-day frustrations of ghetto living - unemployment, lack of adequate sanitation, housing and medical care, and estrangement from the "outside" world of which the psychiatrist is a part. Western trained psychiatrists have created an ethnocentric culture which often ignores or is unaware of the way of life of communities that do not fit the mold with which they are familiar. They will, for instance, often diagnose unrest and rebellion as indications of personal immaturity, and fail to see the connection with social and cultural change, poverty, urbanization, and other social stresses faced by the patient.

The modus operandi of folk healers in the South Bronx is very effective because they take into account and utilize cultural concepts that are vital in the Hispanic community, such as the extended family network of comadres, ahijados, and padrinos.* Folk healers also reach more patients in a state of crisis than psychiatrists do; that is, at a time when they are more amenable to change. Many cultural manifestions that are rejected forthwith by psychiatrists, such as "ataques"** and "talking to God," are accepted and worked with by folk healers, who have been especially trained in handling them.

Again, an advantage of the availability of folk healers is that they offer professional manpower in ghetto areas where resources may be

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* godparents and godchildren
** highly emotional trance-like states

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scarce; in fact, there are no private psychiatrists in the South Bronx. Also, the services of the folk healers are considerably cheaper than those of psychiatrists. This, without any doubt, is an important consideration in areas where financial resources are severely limited.

As a result of our experience in the South Bronx ghetto, we firmly believe that treatment personnel must be familiar with the cultural characteristics of their patients. This is not only essential in relation to treatment, but must also be an integral part of the planning and development of all types of mental health programs. Along these lines, we have noted, at the Lincoln Community Mental Health Center program on numerous occasions, that non-professional employees can render more effective treatment because they belong to the same ethnic groups as their patients. This has also been observed in part by Dr. Victor W. Sidel, who said that "minimization of the social distance between primary care health workers and those they serve, one form of which has been called "deprofessionalization"; while there may be some negative aspects - for example problems of inadequate technical quality of care - what we actually observed was mostly positive - apparent ease of access and of communication between health workers and patients" (2). This factor is of special relevance because it is known that in the United States when planning programs for migrants and minority groups very few members of the group being serviced are employed during the planning phase. Further, no legislation exists in relation to the utilization or recog-

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nition of community folk healers; this hampers any approach to them with the aim of offering training or receiving training from them.

In our experience with folk healers, we have noted that the techniques which they utilize such as suggestion, persuasion and manipulation are similar to those used by psychiatrists employed at the Lincoln program. Nevertheless, services offered by folk healers are rejected by most mental health authorities while those offered by psychiatrists are accepted. In this respect we are in agreement with Dr. Fuller Torrey who stated, "The techniques used by western therapists (in the field of psychiatry) are on exactly the same scientific plane as those used by witch doctors...." He further stated that, "The reason we have failed to see this in the past is that we have confused our technology with our techniques. In other words, whatever goes on in a modern office must be science, whereas whatever goes on in a grass hut must be magic" (3). In some aspects, the spritualists can do even better than psychiatrists, for instance, they can provide possibilities for acting out of wishes not normally accepted by society; they can favor abreaction through the practice of spiritual rituals, and finally, they can bring about increase in their clients' self-esteem by making them part of a group, that is, the spiritual community.

An additional point of interest which we observed in our work was that classical therapists and folk healers both tend to impose their own moral values upon their clients, often doing more harm than good. This has been noted by other workers. Guthrie, for example, has stated that,

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"In some groups it is expected that one will hear God's voice in moments of spiritual exaltation, while in other groups - especially those that profess no religious commitments - hearing God's voice is strongly suggestive of a schizophrenic disorder" (4). In the South Bronx, we have seen psychiatrists arguing with Hispanic patients about their communication with supernatural beings and trying to convince them of its impossibility. At the same time we have observed spiritualists stressing to their clients the importance of being able to communicate with the spirit world.

Our comparison of folk healers and classical therapists takes on added importance in the light of Nelson and Torrey's statement that "many of the functions previously carried out by organized religions in the United States have been and are being assumed by psychiatry" (5). This fact further underlines the need for special training for those in the mental health field; if this were to be neglected, serious iatrogenic conflicts could result when these specialists attempt to take over religious functions which they themselves do not fully understand.

We wish to pay special attention to the manner in which spiritualists and psychiatrists relate to the patient's symptomatology. We have found that the great majority of psychiatrists tend to view patients' symptoms primarily in negative terms. This leads to an emphasis on the need for symptom eradication as the first step in curing the patient. Thus patients are often simply given medication until their symptoms disappear. The

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folk healers on the other hand tend to use the patient's symptomatology in a positive way. They do not consider its removal as an indispensable precondition for healing the patient; on the contrary, they view the client's symptoms as a gift or a quality. The client is viewed as someone who can control or reduce his symptomatology by relying primarily on his inner strength; this offers him hope of achieving greater autonomy in life. This quality is generally known as "mediumship." In our opinion, folk healers have a better understanding of patients' symptomatology than western psychiatrists. Lubchansky et al. bear out our opinion stating, "It appears that spiritualists have highly idiosyncratic conceptions of mental illness, showing a tendency to describe it in terms of the less visible behaviors - primarily disorganized thought process - in contrast to other groups. Moreover, spiritualists are consistently oriented toward the possibility of change in the illness over time and consequently to the possibility of intervention and the avoidance of chronicity" (6).

Having analyzed the diverse socio-cultural aspects of the Hispanic population in relation to religious beliefs and practices, we shall now examine hypotheses related to causative factors. In the first place, the practice of spiritualism has been ascribed only to primitive cultures and underdeveloped countries. Other authors feel that this type of belief is related rather to behavioral adaptation to societal demands. For instance, Karush and Ovesey have stated that, "Unlike the physiological needs, the

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social needs are not innate. They develop only after the person's exposure to the society into which he has been born, and their nature is determined by the demands of the society" (7). We do not share either interpretation.

Others may argue that spiritualism is used only in areas where medical facilities are not available. Our experience clearly rejects this interpretation, since the existence of our mental health program did not deter our clients from visiting the botanicas* and spiritualistic centers located in our catchment area while at the same time coming to our clinics and, in most instances for the same types of problems. In analyzing causative factors, we must also take into account the fact that Hispanic groups in general resist medical approaches for the treatment of mental illness. Finally, we would like to offer an interpretation which relates the existence of supernatural beliefs to the achievement of socio-economic success. We feel that this hypothesis is the most acceptable one in explaining the causative factors of this behavior. Wintrob agrees with this hypothesis when he states that, "The greater the uncertainty of people about their chances of achieving socially-valued goals, the greater the tendency to seek and accept alternative paths to these goals, magic among them" (8).

* A botanica is a storefront "pharmacy" where herbs, statues and other materials used in spiritualist rituals can be purchased.

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We shall now briefly describe some measures which have been implemented during the past three years at the Lincoln Community Mental Health Center in an attempt to shorter the gap between folk healers and classical mental health therapists. To date we have (a) identified mediums in our program, (b) visited spiritual centers and observed their modus operandi, (c) exchanged views with mediums, (d) accepted referrals from and referred cases to them, and (e) carried out research and produced a film which is used for training of non-Hispanic staff. Further, we are in the process of developing share-training workshops among mediums, brujeros, community leaders, and the staff of the Center. These steps have been taken in recognition of the fact that the unique aspects of a culture must be identified and dealt with in any mental health program.

In conclusion, we have called attention to psychiatry's neglect of socio-cultural problems among Hispanic groups and pointed out differences in cultural and technical orientation between classically trained mental health workers and folk healers (spiritualists) in an urban metropolis, pointing up the need for the implementation of training curricula for classically trained professionals who work with Hispanic patients. We also recommend a closer link between professional mental health workers and folk healers, with the expectation that the interaction will provide a mutual alliance toward better understanding of cultural phenomena in the Hispanic community and thus a better opportunity for more relevant and rewarding therapy for the patient.

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